

September 25, 2006

GLORIA
TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-1978-01
CLIENT TRACKING NUMBER: M2-06-1978-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Records Received:

Records Received from the State:

- Notification of IRO assignment, 9/13/06 – 2 pages
- Medical dispute resolution request/response, 9/13/06 – 3 pages
- Table of disputed services, undated – 1 page
- Statement of disputed issues for PA IRO, 7/7/06 – 1 page

- Review determination, 7/21/06 – 2 pages
- Denial letter, 8/1/06 – 2 pages
- Medical request, undated – 3 pages

Records Received from the Requestor:

- Patient profile, 1/1/06 – 3 pages
- Prescription, 4/18/06–7/25/06 – 5 pages
- Work hardening preauthorization, 3/1/06 – 8 pages
- Operative note, 3/23/06 – 4 pages
- ERGOS evaluation summary report, 5/22/06 – 7 pages
- Behavioral assessment of pain, 5/22/06 – 8 pages
- Texas Workers' Compensation Work Status Report, 3/4/06–7/25/06 – 10 pages
- Case summary report, 5/14/06 – 1 page
- Office notes, undated – 8 pages
- Nursing notes, 3/4/06 – 3/13/06 – 3 pages
- Path report, 3/23/06 – 1 page
- Progress reports, 7/11/06 – 6 pages

Records Received from the Respondent:

- Letter to MRIOA, 9/20/06 – 2 pages
- Letter to TDI, 9/6/06 – 1 page
- Medical dispute resolution request/response, 9/13/06 – 3 pages
- Table of disputed services, undated – 1 page
- Denial letter, 8/1/06 – 2 pages

Summary of Treatment/Case History:

The patient is a 41-year-old male who is reported to have sustained a work related injury to the inguinal region on _____. As a result, the patient was taken to surgery on 03/23/06. At this time, Dr. Abraham Syrquin performed a right inguinal herniorrhaphy with release of an incarceration. Postoperatively, the patient completed 13 sessions of physical therapy which ended on 06/14/06. The patient was then recommended to undergo 3 weeks of work hardening. The patient was approved for 10 sessions which were completed, and at the end of this period the patient was found to be at a medium physical demand level. A functional capacity evaluation (FCE) on 07/11/06 indicates that the patient was capable of static lifts up to 52 pounds and dynamic lifts up to 40 pounds. The patient is reported to have a job requirement of a medium PDL.

Questions for Review:

Item(s) in dispute: Preauthorization request for continued/additional work hardening program 15 sessions.

Explanation of Findings:

Item(s) in dispute: Preauthorization request for continued/additional work hardening program 15 sessions.

The available medical record indicates that the patient currently meets the physical demand level for his position. Further, the Official Disability Guidelines report that postoperatively, a patient can return to work with minimal convalescent time. "Patients can return to normal activity soon after inguinal herniorrhaphy without increasing the reoccurrence rate at 1 year and 3 years with considerable monetary benefit to 1/3 of workers." "Reduced convalescence (as short as one day) after inguinal herniorrhaphy may be recommended without incurring a risk of higher reoperation rates." Given that the patient has had postoperative therapy, as well as completed 10 visits of a work hardening program and meets the physical demand level for his position, the recommendation for additional work hardening is not considered medically necessary. The patient would be best treated by return to work with progressively decreasing work restrictions as recommended by the State of Texas return to work recommendations.

Conclusion/Decision to Not Certify:

The work hardening is not medically necessary.

References Used in Support of Decision:

1. The American College of Occupational and Environmental Medicine Guidelines. Accessed: 09/25/2006.
2. The Official Disability Guidelines, 11th edition, The Work Loss Data Institute. Accessed: 09/25/2006.

The physician who provided this review is board certified by the American Board of Surgery in General Surgery and the American Board of Colon & Rectal Surgery. This reviewer is a member of the American Medical Association and the American Trauma Society. This reviewer has been in active practice since 1992.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547
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If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings/
Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 26 day of Sep/2006.



Jamie Cook

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

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The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Jamie C ext 583

CC: requestor and respondent